

## Elective Report for Anaesthesia at Nanaimo Regional General Hospital

### Objectives

1. To describe the prevalent cases seen in anaesthesia in Nanaimo, Canada and how these differ from those in the UK, particularly in the Royal London Hospital where I have previously undertaken an anaesthetic placement.
2. To describe how anaesthetic services are organised and delivered in Canada in the context of national health provision and contrast this to that of the National Health Service in the UK.
3. To further my knowledge of anaesthesia particularly regarding the potential immediate, short and long term complications of anaesthesia and how these can be prevented and subsequently managed if they arise.
4. To improve my clinical skills in relation to anaesthetics and to reflect on anaesthesia as a career and how my elective has aided in my professional development.

### Report

I have undertaken my elective in anaesthesia at Nanaimo Regional General Hospital in British Columbia, Canada. During the time that I have been here I have worked with a number of different anaesthetists in different operating rooms so I have seen a broad spectrum of patients. As a regional general hospital, there is provision for many different types of surgery, including general, orthopaedic, gynaecological, urological, ENT and some paediatric cases. Some services are not provided here and for these cases patients would be referred to a specialist centre. I have found that the demographics of patients are less diverse here than what I have previously experienced at the Royal London. In terms of the operations being performed, apart from the absence of certain specialist services, they are much the same as in the UK based on my experience. From the perspective of anaesthesia, patients again present with similar problems in terms of respiratory, cardiovascular and metabolic diseases that need to be taken into consideration with the choice of anaesthetic modality. Overall however, I would say that patients have fewer comorbidities in Nanaimo than in the UK.

In considering how healthcare services are provided in Canada, I have found that there are a number of similarities with the UK. There is a public health care system, which is, like the NHS, free at the point of access. Patients are referred by their general practitioners to surgical clinics as appropriate, and then will be treated conservatively, medically or surgically. If they are to have surgery, they will be put on the list, and there are different waiting times depending on the type of surgery and urgency of the case. For elective surgery, patients will have preoperative admission appointments where any relevant preoperative investigations such as blood tests, ECGs, imaging etc will be undertaken. If it is considered necessary because they are high risk, the patient will also be seen in an anaesthetic preoperative consultation.

On the day of surgery, patients come in at a scheduled time, which is dependent on the time of their operation, as the order of the operations being performed in each theatre is fixed in advance, and there is rarely any deviation from this order except in

patient, both orally and nasally, and although this is not a skill I have mastered, I feel that I have improved a great deal during my time in Nanaimo as I have had a number of opportunities to practice.

Overall, I have found this placement to be a very good experience. Having this opportunity to spend a month doing anaesthetics has allowed me to learn a great deal more about the specialty and to consider whether it would be something that I would be interested in doing as a career. Although I am still undecided as to what I will do, I think that this time has further stimulated my interest in anaesthesia. I also feel that many of the things that I have learnt, both from a practical and from a knowledge perspective will be extremely useful as I begin my career as a doctor in August.

### Report on Career Exploration Week in Electrophysiology

I spent a week at St. Bartholomew's Hospital in the cardiac electrophysiology department for my career exploration week. I have previously undertaken a cardiology SSC at the London Chest Hospital, from where patients are frequently referred to the arrhythmia services at Barts, and this sparked my interest in finding out more about electrophysiology.

I had the opportunity to spend time on the coronary care unit and Harvey ward, in the labs and in clinics, which offered me an insight into the different aspects of electrophysiology. This allowed me to see the patients pre- and post-procedure, with some patients being elective admissions, while others had been transferred from other hospitals for treatment of their arrhythmias following acute presentations requiring treatment. I was able to better understand the indications for different types of procedure, and why some patients would have single or dual chamber pacing or biventricular devices.

In the labs I saw the insertion of pacemakers and implantable cardioverter-defibrillators, as well as ablation of aberrant cardiac tissue, the notable case being ablation of Wolf-Parkinson-White syndrome. This allowed me to have a better understanding of the procedure, which I know will be useful in my upcoming F1 year as I will be likely to see patients who have had or are due to have similar procedures, and therefore be better placed to talk to patients about it.

I learnt some of the technical aspects of pacing from the cardiac physiologists, both in the lab and in pacing clinic. This was interesting from an educational perspective and I enjoyed learning about the different settings for pacing in different people. I also saw temporary pacing wires, and was shown how to test the threshold, which has to be done daily if inpatients have temporary wires in situ.

In addition to the cardiac aspects of the week, I learnt more about what it is like to work in a tertiary referral centre with very specialist services. It was interesting to see how a ward worked with a rapid turnover of patients, with elective cases often being day case procedures and emergencies being repatriated to their local hospital, which meant that the focus of care was much more acute than in other hospital environments that I am used to.

I feel that overall this week has been really helpful in helping me to explore an aspect of cardiology which is completely different from what I have previously experienced at the London Chest, where I learnt more about angiography and angioplasty in addition to other cardiac imaging techniques. I continue to be interested in doing more cardiology as part of my training, and although am unsure as to whether or not I would like to specialise in cardiology in the future, I feel that this week has helped to better inform me about the breadth of the specialty.